## JOAD CAMP REGISTRATION FORM 2007

Please return the completed form (with payment) to:	Discription:  Please list your choices by priority:  Jun. 3-9 – Open Camp – Chula Vista, CA OTC  Jun. 10-17 – Open Camp – Colorado Springs, CO OTC  Jun. 16-22 – Open Camp – Lake Placid, NY OTC  Jul. 1-8 – JOAD Camp – Chula Vista, CA OTC  Jul. 8-15 – JOAD Camp – Chula Vista, CA OTC  Jul. 8-15 – JOAD Camp – Colorado Springs, CO OTC  Jul. 15-22 – JOAD Camp – Lake Placid, NY OTC**  Jul. 18-26 – JOAD Camp – Colorado Springs, OTC  Jul. 22-29 – JOAD Camp – Lake Placid, NY OTC  **Pending			
USA Archery 1 Olympic Plaza Colorado Springs, CO 80909 Or fax to: (719) 632-4733				
Name:M	Tale:Female:DOB:			
Address:				
City:	State:Zip Code:			
Phone: E-mail:				
REGISTRATION FEE: \$400/person (in Method of payment: check (payable to NAA)	ncludes room & board)  A): \$ amount			
	iscover			
Credit Card #:	Exp. Date:			
Signature (required):	Date:			
You will be notified upon confirmation of yo USOC forms for completion. Do not book aid days listed for each camp are travel days.	our camp enrollment and sent the necessary r travel until you receive confirmation. The first and last			
If you have any questions, contact:				

## **ARCHER INFORMATION**

Name: (Please Print)	Male:	:Female:	DOB:	
(Please Print)  Address:				
City:				
Phone:	E-mail:	(Plea	se print)	
Recurve ( ) Compound ( )				
Club Affiliation:				
Personal Coach Information: (If applicable)	City: Phone:			
How long have you been shootin	g?			
What specific things you are you	ı working on?			
Has your coach provided a list o	f things to work	on? If so, pl	ease list them.	
What do you hope to gain or acc	complish at this	camp?		
How many times per week do yo	ou shoot?			
Approximately how many arrow	vs do you shoot o	each session?		
What are your goals as an arche	er?			
Do you shoot tournaments? If so known).	o, how have you	done? (Pleas	e list specific scores aı	nd/or placements, if
Tell us a little about yourself:	Likes?	Dislikes?	Etc.	